

DOCUMENT RESUME

ED 302 023

EC 211 820

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TITLE Playtherapy Gives Evidence of Curative Power of
Mother-Child Holding as Treatment for Autistic and
Emotionally Disturbed Children.
PUB DATE Sep 85
NOTE 17p.
PUB TYPE Reports - Descriptive (141)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Attachment Behavior; *Autism; *Emotional
Disturbances; *Mothers; *Outcomes of Treatment;
*Parent Child Relationship; Play Therapy; Therapy;
Young Children

ABSTRACT

The paper offers a play therapist's evidence for the curative power of intensive mother-child holding of children with emotional problems resulting from separation from the parent and emotional disturbances including autism. Dramatic improvements were observed in the play behaviors of autistic children after enforced cuddling--and these were children whose previous play usually involved meaningless, monotonous, stereotyped activities. The avoidance by autistic infants and young children of physical contact is seen to lead to far less physical closeness between the mother and the autistic child than is the case with non-autistic children. A bibliography of 84 references is appended. (DB)

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Playtherapy Gives Evidence of Curative Power of
Mother-Child Holding as Treatment for
Autistic and Emotionally Disturbed Children

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Emotional Disturbance Linked to Early Separation

Practically all the young children who came into treatment for playtherapy between 1935 and 1975 suffered from what the author called the symptom-complex of a disturbed symbiosis with their mother (neurotic and psychosomatic symptoms, psychopathic or psychotic behaviour). This disturbance was apparently caused by a period of complete separation of the child from his mother as a baby or toddler. The separation could be very short, as in a hospitalization of the child without rooming-in of the mother, or a vacation of the parents (Stades-Veth, 1973/'82 and 1981).

When the mother was asked about the reactions of her baby or toddler at the moment of their reunion, she always complained, sometimes even in tears, how her previously lovely, emotionally healthy and happy baby had turned away from her, persistently avoiding eye contact. Only after she had spoken to him kindly and cuddled him, had her child accepted her as his mother again. However, this acceptance came reluctantly, for some children continued to show very ambivalent behaviour. This behaviour included the child's clinging to the mother's skirts all day whiningly but pushing her away when she lifted him up, bothering her instead of playing, and completely disturbed sleep at night for fear the mother would disappear again, in the child's eyes abandoning him once more. These actions and fears were usually not understood by the parents.

These mothers, if they did not quickly succeed in repairing their former warm relationship, became exhausted, lost patience

and became angry. This started, vice versa, a psychopathological escalation (Stades-Veth, 1981) provoking even more panic in the toddler, with outbursts of rage and destructiveness, alternating with moments of extreme adaptation to the mother's wishes. The child, feeling guilty because of his naughtiness, even mutilated himself (biting, bumping) as a self-punishment. In order not to lose his mother's love, adaptation by repression of bad wishes took place, resulting in symptom formation: first, in everyday life at home, the child would "play at being nice and good" and, while doing so, ban all angry feelings onto his unconscious, so that he suddenly behaved extremely well (but in a phony way). However, despite the appearance of good behaviour, neurotic and often psychosomatic serious symptom formation took place (phobias, pavor nocturnus, sleeplessness, stuttering, enkopresis, hystero-epileptic insults, tics, etc.). It was usually in this second stage of more serious symptom formation that these children between the ages of 2 and 7 were referred for play analysis.

During play analysis, in his completely free, undisturbed play, the child usually soon expressed his most destructive and asocial wishes. Through play, the therapist made him understand these wishes by allowing them to emerge into the daylight again, then to be reconsidered and handled in conformation with reality (Benno, Jacky; Stades-Veth, 1936, 1973/'82). If possible, this was done in cooperation with the child's parents, to whom the

emotional background of their child's abnormal behaviour was explained beforehand. Thus their feelings of pity, concern and understanding were evoked and they could accept and lovingly help their child get rid of his feelings of guilt, making him feel safe and protected by them once more.

Intensive Contact Between Mother and Child Aids Playtherapy

The mother especially was able to help her child trust and feel safe with her again, not only by speaking to him comfortingly, but by spontaneously taking the child in her arms, embracing him, or pulling him on her lap or against her shoulder, kissing and cuddling the child warmly and lovingly, as she had done before their separation. The mother too felt happier being freed of those negative feelings provoked by her troublesome child's avoiding behavior towards her since their separation.

By involving the mothers in therapy in this way, in fact a kind of natural "intensive motherly care" was created, a "cuddling therapy" that was then and even now is still unusual in child psychotherapy. It can be considered a precursor of the "mother-child holding therapy" designed by New York child psychiatrist Dr. Martha Welch for treatment of autistic children. In her Mothering Center in Greenwich, CT, Martha Welch instructs mothers on how to hold their children, sometimes involving the entire family of the problem child. This treatment often shows quick positive results, not only in autistic children, but also in emotionally disturbed neurotic young children like those

mentioned above, and also in children who are considered "difficult" in everyday life, at home or at school. Children who are used to the benefits of "holding" often advise mothers of other difficult children to come and ask their own mother how to "hold"!

The author now realizes how much shorter her comparatively already short playanalyses could have been, had she understood earlier the positive influence of profusive, spontaneous, basic, and especially bodily contact of a mother with her young children. Through her close embrace the mother communicates to her child those basic tactile, kinesthetic and vestibular bodily feelings which are experienced and therefore trusted even before birth. This explains, according to Welch (1983) and Prekop (1982, '83, '84, '85), why the original warm symbiotic bond between mother and child can be so effectively revived by holding the child close.

Playtherapy can be greatly enhanced by regular, daily, warm mother-child holding. This preferably should be started before playtherapy is begun. Often when the child's basic feelings of security in his mother and father are repaired, some of his symptoms, caused by repressed feelings of guilt over his former feelings of aggression towards parents and siblings, seem to dissolve. Sometimes no further therapy is needed, as symptoms disappear after frequent holding by the mother, supported by the father.

The following example shows how holding can even be described over the telephone and have a favorable effect: A young mother phoned late in the evening to request help in dealing with her two and a half year old son who had just come home after a two week stay in the hospital. He was terribly upset, phobic, crying all the time, with disturbed sleep, pavor nocturnus, bumping his head against his bedside even more than before he was hospitalized, hiding in his bed during the day, etc. There being no immediate possibility of visiting them, the author advised her to hold him close as much as possible, carrying him around and holding him on her lap, as she also did his baby brother. She should even let him sleep at her side, making it clear that she pitied him for the bad time he had had, and she should not leave him with anybody else, except his father, for any length of time. After a week all symptoms were gone, even the year-long continuous bumping he had exhibited before his hospitalization! He played and talked gayly with her all the time and slept quietly. This was the result of advising mother-child holding by telephone...

How Mother-Child Holding Works as Demonstrated by Dramatic Changes in Play

At the beginning of a holding session the mother should tell the child that she knows how unhappy he is and she is going to hold him close until he feels better. The autistic child will feel a "motivational conflict" (Tinbergen 1983) between panicky

shying away from being touched and held close, and his secret wish for his mother's loving embrace. He will often show this ambivalence by wrestling to get away from his mother, screaming and yelling, but only using part of his strength. For instance, he might push away with his arms, but keep his legs completely limp. When the child finally feels that he is powerless to escape his mother's loving but unyielding embrace, the child starts crying. For the holding process to be beneficial and successful, this should be deep crying and sobbing, with real tears (Zaslow, 1979; Allan, 1976).

During the crying, the child will fall asleep in his mother's arms, usually only for a short while. Then to the amazement of the mother and the onlookers, the child wakes up, and, very astonished, he scrutinizes his mother's face for a long time, meeting her eyes, and often speaks for the first time. After examining his mother's face and cuddling happily with her for a while, the child will often get up and play.

As a playtherapist, the author is especially impressed by the sudden fundamental changes in the quality of these ex-autistic children's play immediately after the holding sessions. Instead of their usual meaningless, monotonous, stereotyped activities with themselves or with objects, for hours on end, these children, after holding, spontaneously devote themselves to creative imaginary role play (e.g. mothering a teddy bear). For the first time they identify themselves with the human beings

they have, until then, consequently avoided and rejected.

This totally unexpected sudden emotional revolution as revealed in their play immediately after holding, should convince us of the real curative power of this new, but in fact age-old, natural mother-child holding therapy.

The most frightening phase of the holding therapy, from the onlooker's point of view, is when the child is fighting to get away from his mother. At this point it looks as if the mother is being cruel to her child, but without this opportunity to get rid of his feelings of rage and aggression while being lovingly held close by his mother, the child cannot be cured from autism. While the holding therapy may appear harmful to the child, the end result of first loving contact between the child and his parents is certainly preferable to the "normal", lonely life of an autistic child, in which his destructive or self-mutilating behavior must be forcibly stopped by concerned adults without the benefits of a loving parent's embrace.

Specialized help with child care and education needed after retrieval from autism

Even as small babies, autistic children dislike, and skillfully avoid, being touched by or touching other people, especially their mother. Many times, the mother of an autistic child who persistently avoids all contact - especially eye contact - with her after an early disturbance of their bonding, gradually seems to have lost her inclination to lovingly touch

and cuddle her child. Only when she is questioned about her reluctance does she realize just how many months or even years have gone by in which she has hardly touched her child except to take care of him.

It is important to help the mother of an autistic child overcome these negative feelings caused by her avoiding child, by making her realize how fears and mistrust were provoked in her child. She should understand his feelings of being rejected by her, especially if he was separated from her as a baby e.g. by hospitalization. This understanding may increase her inclination to retrieve her avoiding child with the "new", very effective mother-child holding therapy. The younger the child is at his retrieval the better can he make up for his developmental loss, before having to enter school.

Even with their emotional contact restored, and the child being cooperative for the first time in his life, the parents may still need much specialized assistance in the upbringing and education of their child. The ex-autistic child will be observed to live on various developmental levels at the same time, which may be very confusing to parents and teachers. In the experience of the author even an older ex-autistic child (retrieved from autism) may show babyish behaviour along with the motor behavior of a toddler, while performing a few activities on a much older developmental level. Such a child should not be pushed to activities on a higher level and not be discouraged by

criticizing his left-over babyish activities. This may cause a complete fall-back to a lower level which would require a period of extra mother-child holding sessions to win him back. It has proved best to show him our complete acceptance by joining him in some of these "lower" activities by imitating him, but with small variations to a higher level. This often invites him to imitate us, and to proceed spontaneously.

Developmental child psychologists specializing in autistic and ex-autistic children should be available to help and guide parents and teachers of these children.

Play therapy: direct evidence of curative power of mother-child holding, in: de Vries Veth.

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